SEEC FORM 21

Short Form Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 5/08



Do Not Mark in This Space For Official Use Only

1. NAME OF COMMITTEE					
DiMartino For	Derby 202	__			
2. TREASURER NAME		1	1		
Title First Ryar)	MI MI	Last Toffe)	1	Suffix
3. TREASURER ADDRESS					
Street Address 8 12 B Talv	nadge St. City	Derb	4	State CT	Zip Code 0 6418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Comple	ete only if Can	didate Committee)	6. DISTRICT N	UMBER (if applicable)
(mm/dd/yyyy) 11/02/202[Mayor				
7. CANDIDATE NAME (Complete onl	y if Candidate or Exploratory Com	<u> </u>	1		T
Title Mr. First Jos	eph	MI L	Last DiMar	tino	Suffix
8. TYPE OF REPORT (Check One Bo	<u>r)</u>				
☐ January 10 filing	☐ 7th day preceding primar	ry 🗆 7	th day preceding refere	endum ☐ Amend	lment to
April 10 filing	☐ 30 days following prima	ry 🗆 4	5 days following refere		of Report:
☐ July 10 filing	☐ 7th day preceding election	on 🗆 T	ermination		2021 APR 8 PM 5:01
☐ October 10 filing	☐ 45 days following election not held in November	on			2821 APR 8 PM 5*M
	☐ Supplemental Statement ☐ Primary ☐ Elec				
9. PERIOD COVERED					
	Beginning Date		Ending Date	;	
•	January 1, 2021	thru	March 31	,2021	
	10. CE	RTIFICATIO	N		
I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of \$1,000 for the period covered by this Short Form Campaign Finance Disclosure Statement.					
TREASURER OR DEPUTY TREASU	PER (SIGNATURE)	RYGN	TOFFEY		04/08/2021 DATE (mm/dd/yyyy)
PLEASE NOTE: This form m for the January 10 filing date a Campaign Finance Disclosure	ay not be filed by Party Con				oing Political Activities
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR ROTH					